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## BIB DATA SHEET

CONFIRMATION NO. 2242

<b>SERIAL NUMBER</b> 10/057,620	<b>FILING or 371(c) DATE</b> 10/25/2001 <b>RULE</b>	<b>CLASS</b> 530	<b>GROUP ART UNIT</b> 1633	<b>ATTORNEY DOCKET NO.</b> 5046US	
<b>APPLICANTS</b> Abraham Scaria, Framingham, MA; Samuel C. Wadsworth, Shrewsbury, MA; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/243,046 10/25/2000 and claims benefit of 60/307,492 07/24/2001 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 03/22/2002					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and /ANNE MARIE Acknowledged SABRINA WEHBE/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWINGS</b> 9	<b>TOTAL CLAIMS</b> 1	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> Genzyme Corporation 15 Pleasant Street Connector P.O. Box 9322 Framingham, MA 01701-9322 UNITED STATES					
<b>TITLE</b> METHODS FOR TREATING BLOOD COAGULATION DISORDERS					
<b>FILING FEE RECEIVED</b> 5956	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		